HEALTH STATUS INDICATOR 01A

The percent of live births weighing less than 2,500 grams.

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

GOAL

To reduce proportion of all live deliveries with low birth weight.

DEFINITION

Numerator: Number of resident live births less than 2,500 grams.
Denominator: Number resident live births in the State in the reporting period.
Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-10a: Reduce low birth weights (LBW) to no more than 5 percent of all live births. (Baseline: 7.6 percent 1998)

DATA SOURCES and DATA ISSUES

State vital records and census data are source.

SIGNIFICANCE

The general category of low birth weight infants includes pre-term infants and infants with intrauterine growth retardation. Many risk factors have been identified for low birth weight babies including: both young and old maternal age, poverty, late prenatal care, smoking, substance abuse, and multiple births.

HEALTH STATUS INDICATOR 01B

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

The percent of live singleton births weighing less than 2,500 grams.

GOAL

To reduce the proportion of all live singleton deliveries with low birth weight.

DEFINITION

Numerator: Number of resident live singleton births weighing less than 2,500 grams.
Denominator: Number resident live singleton births in the State in the reporting period.
Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective. Related to Objective 16-10a: Reduce low birth weights (LBW) to no more than 5 percent of all live births. (Baseline: 7.6 percent in 1998)

DATA SOURCES and DATA ISSUES

State vital records and census data are source.

SIGNIFICANCE

In vitro fertilization has increased the number of multiple births. Multiple births often result in shortened gestation and low or very low birth weight infants.

HEALTH STATUS INDICATOR 02A

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

The percent of live births weighing less than 1,500 grams.

GOAL

To reduce proportion of all live deliveries with low birth weight.

DEFINITION

Numerator: Number of resident live births weighing less than 1,500 grams.
Denominator: Number resident live births in the State in the reporting period.
Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-10b: Reduce very low birth weight births to no more than 0.9 percent of all live births. (Baseline: 1.4 percent in 1998)

DATA SOURCES and DATA ISSUES

State vital records and census data are source.

SIGNIFICANCE

Very low birth weight births are usually associated with pre-term birth. The primary risk factors for pre-terms births are prior preterm birth, prior spontaneous abortion, low pre-pregnancy weight, cigarette smoking, and multiple births.

HEALTH STATUS INDICATOR 02B

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

The percent of live singleton births weighing less than 1,500 grams.

GOAL

To reduce the proportion of all live singleton deliveries with very low birth weight.

DEFINITION

Numerator: Number of resident singleton births weighing less than 1,500 grams.
Denominator: Number resident singleton births in the State in the reporting period.
Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective. Related to Objective 16-10b: Reduce very low birth weights to no more than 0.9 percent of all live births. (Baseline: 1.4 percent in 1998)

DATA SOURCES and DATA ISSUES

State vital records and census data are source.

SIGNIFICANCE

In vitro fertilization has increased the number of multiple births. Multiple births may result in shortened gestation and low or very low birth weight infants.

HEALTH STATUS INDICATOR 03A

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

GOAL

To reduce the number of deaths among children aged 14 years and younger due to unintentional injuries.

DEFINITION

Numerator: Number of deaths from all unintentional injuries for children aged 14 years and younger.
Denominator: Number of children aged 14 years and younger in the State for the reporting period.
Units: 100 **Text:** Rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective. Related objective 15-13: Reduce deaths caused by unintentional injuries to no more than 20.8 per 100,000 population. (Baseline: 33.3 deaths per 100,000 in 1998)

DATA SOURCES and DATA ISSUES

Child death certificates are collected in State vital records. Data on total number of children comes from the Fatality Analysis Reporting Systems (FARS), the U.S. Department of Transportation and Vital Statistics Systems are further sources.

SIGNIFICANCE

Injuries are the leading cause of death among persons aged 1 through 34 years and a significant health problem affecting the nation's children. About 50 percent of all deaths of children aged 1-14 years are due to injuries, and around 80 percent of these are from motor vehicle crashes.

HEALTH STATUS INDICATOR 03B

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

GOAL

To reduce the number of deaths to children aged 14 years and younger due to motor vehicle crashes.

DEFINITION

Numerator: Number of unintentional fatalities to children aged 14 years and younger from motor vehicle crashes in the reporting year.
Denominator: Number of children aged 14 years and younger in the State in the reporting year.
Units: 100,000 **Text:** Rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 15-15a: Reduce deaths caused by motor vehicle crashes. (Target 9.0 deaths per 100,000 population). (Baseline for children aged 14 years and younger, 4.2 in 1998)

DATA SOURCES and DATA ISSUES

Child death certificates are collected in State vital records. Data on total number of children comes from the Bureau of the Census. The Fatality Analysis Reporting System (FARS), the U.S. Department of Transportation and Vital Statistics Systems are further sources.

SIGNIFICANCE

Injuries are the leading cause of death among persons aged 1 through 34 years and a significant health problem affecting the Nation's children. About 50 percent of all deaths of children aged 1 through 14 years are due to injuries, and around 80 percent of these are from motor vehicle crashes.

HEALTH STATUS INDICATOR 03C

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

The death rate per 100,000 for unintentional injuries for youth aged 15 through 24 years old due to motor vehicle crashes.

GOAL

To reduce the number of deaths to youth aged 15 through 24 years due to motor vehicle crashes.

DEFINITION

Numerator: Number of unintentional fatalities to youth aged 15 through 24 years due to motor vehicle crashes in the reporting year.
Denominator: Number of youths aged 15 through 24 years in the State in the reporting year.
Units: 100,000 **Text:** Rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 15-15a: Reduce deaths caused by motor vehicle crashes. (Target 9.0 deaths per 100,000 population). (Baseline for persons aged 15 through 24 years, 25.4 deaths per 100,000 in 1998)

DATA SOURCES and DATA ISSUES

Child deaths certificates are collected in State vital records. Data on total number of children comes from the Bureau of the Census. The Fatality Analysis Reporting System (FARS), the U.S. Department of Transportation and Vital Statistics Systems are further sources.

SIGNIFICANCE

Injuries are the leading cause of death among persons aged 1 through 34 years and a significant health problem affecting the Nation's children. About 50 percent of all deaths of children aged 1 through 14 years are due to injuries, and around 80 percent of these are from motor vehicle crashes.

HEALTH STATUS INDICATOR 04A

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

The rate per 100,000 of all non-fatal injuries among children aged 14 years and younger.

GOAL

To reduce the number of hospitalizations of children aged 14 years and younger due to non-fatal injuries.

DEFINITION

Numerator: Number of children aged 14 years and younger who have a hospital discharge for non-fatal injuries.
Denominator: Number of children aged 14 years and younger in the State for the reporting period.
Units: 100,000 **Text:** Rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective. Related objective 15-14 (Developmental): Reduce non-fatal unintentional injuries.

DATA SOURCES and DATA ISSUES

Numerator: State E-coded hospital discharge data.
Denominator: Census data, State population estimates.
Potential Data Source: National Hospital Discharge Survey (NHDS), CDC, HCHS.

SIGNIFICANCE

Serious non-fatal unintentional injuries account for 84 percent of injury-related hospitalizations and result in an estimated $108 billion in lifetime medical costs. (A lifetime cost is defined as the total cost of an injury from onset until either complete cure or death. Twenty-eight percent of these lifetime costs due to unintentional injury are attributable to motor vehicle crashes.)[1]

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[1] Rice, DP, MacKenzie EJ, et al. *Cost of Injury in the United States: A Report to Congress, 1989.* San Francisco, CA: Institutes for Health and Aging of the University of California San Francisco and Injury Prevention Center, The Johns Hopkins University, 1989.

HEALTH STATUS INDICATOR 04B

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

The rate per 100,000 of non-fatal injuries due to motor vehicle crashes among children aged 14 years and younger.

GOAL

To reduce the number of hospitalizations among children aged 14 years and younger due to motor vehicle crashes.

DEFINITION

Numerator: Number of children aged 14 years and younger with a hospital discharge for non-fatal injuries due to motor vehicle crashes in the reporting year.
Denominator: Number of children aged 14 years and younger in the State for the reporting year.
Units: 100,000 **Text:** Rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective by age group. Related objective 15-17: Reduce non-fatal injuries caused by motor vehicle crashes to 1,000 non-fatal injuries per 100,000 population. (Baseline: 1,270 non-fatal injuries per 100,000 in 1997.

DATA SOURCES and DATA ISSUES

Numerator: State E-coded hospital discharge data.
Denominator: Census data, State population estimates.

SIGNIFICANCE

Serious non-fatal unintentional injuries account for 84 percent of injury-related hospitalizations and result in an estimated $108 billion in lifetime medical costs. (A lifetime cost is defined as the total cost of an injury from onset until either complete cure or death. Twenty-eight percent of these lifetime costs due to unintentional injury are attributable to motor vehicle crashes.[1]

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[1] Rice, DP, MacKenzie EJ et al. *Cost of Injury in the United States: A Report to Congress, 1989.* San Francisco, CA: Institute for Health and Aging of the University of California-San Francisco and Injury Prevention Center, The Johns Hopkins University, 1989.

HEALTH STATUS INDICATOR 04C

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

The rate per 100,000 of non-fatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

GOAL

To reduce the number of hospitalizations among youth aged 15 through 24 years due to motor vehicle crashes.

DEFINITION

Numerator: Number of youths aged 15 through 24 years and younger with a hospital discharge for non-fatal injuries due to motor vehicle crashes in the reporting year.
Denominator: Number of youths aged 15 through 24 years in the State for the reporting year.
Units: 100,000 **Text:** Rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective by age group. Related objective 15-17: Reduce non-fatal injuries caused by motor vehicle crashes to 1,000 non-fatal injuries per 100,000 population. (Baseline: 3,116 non-fatal injuries per 100,000 persons aged 16 through 20 and 2,496 non-fatal injuries per 100,000 persons aged 21 to 24 years in 1997).

DATA SOURCES and DATA ISSUES

Numerator: State E-coded hospital discharge data.
Denominator: Census data, State population estimates.

SIGNIFICANCE

Serious non-fatal unintentional injuries account for 84 percent of injury-related hospitalizations and result in an estimated $108 billion in lifetime medical costs. (A lifetime cost is defined as the total cost of an injury from onset until either complete cure or death. Twenty-eight percent of these lifetime costs due to unintentional injury are attributable to motor vehicle crashes.)[1]

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[1] Rice DP, MacKenzie EJ, et al. *Cost of Injury in the United States: A Report to Congress, 1989.* San Francisco, CA: Institute for Health and Aging of the University of California-San Francisco and Injury Prevention Center, The Johns Hopkins University, 1989.

HEALTH STATUS INDICATOR 05A

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

GOAL

To decrease the sexually transmitted disease (chlamydia) rates among women aged 15 through 19 years.

DEFINITION

Numerator: Number of women aged 15 through 19 years with a reported case of chlamydia.
Denominator: Number of youths aged 15 through 19 years in the State in the reporting year.
Units: 1,000 **Text:** Rate per 1,000

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 25-1: Reduce the proportion of adolescents and young adults with *Chlamydia Trachomatitis* infections. Objective 25-1a: Reduce the proportion of females aged 15 through 24 years attending family planning clinics to 3.0 percent. (Baseline: 5.0 percent in 1997) Objective 25-1b: Reduce the proportion of females aged 15 to 24 years attending STD clinics to 3.0 percent. (Baseline: 12.0 percent in 1997).

DATA SOURCES and DATA ISSUES

State STD Program Surveillance, State Communicable Disease Registry.

SIGNIFICANCE

In 1997, chlamydia was the most frequently reported communicable disease in the United States. Chlamydia is common in sexually active adolescents and young adults. The highest annual rates are reported in females aged 15 through 19 years.

HEALTH STATUS INDICATOR 05B

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

GOAL

To decrease the sexually transmitted disease (chlamydia) rates among women aged 20 through 44 years.

DEFINITION

Numerator: Number of women aged 20 through 44 years with a reported case of chlamydia.
Denominator: Number of youths aged 20 through 44 years in the State in the reporting year.
Units: 1,000 **Text:** Rate per 1,000

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective for this age group or gender.
Related Objective 25-18: Increase the proportion of primary care providers who treat patients with sexually transmitted diseases and who manage cases according to recognized standards.
Related Objective 25-1a: Reduce the proportion of families aged 15 to 24 years attending family planning clinics to 3.0 percent. (Baseline: 5.0 percent in 1997)
Related Objective 25-1b: Reduce the proportion of females aged 15 to 24 years attending STD clinics to 3.0 percent. (Baseline 12.0 percent in 1997)

DATA SOURCES and DATA ISSUES

State STD Program Surveillance, State Communicable Disease Registry.

SIGNIFICANCE

In 1997, chlamydia was the most frequently reported communicable disease in the United States. Chlamydia is common in sexually active adolescents and young adults. The highest annual rates are reported in females aged 15 through 19 years.

HEALTH STATUS INDICATOR 06 A & B

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

Infants and children aged 0 through 24 years enumerated by age subgroup, race, and ethnicity.

GOAL

To enumerate the total population of children aged 0 through 24 years by age subgroup, race, and ethnicity.

DEFINITION

Tables 06 A & B on Health Status Indicator Form 21 have cells for populations of subgroups of children aged 0 through 24 years aggregated by race and ethnicity. In each cell of the two tables enumerate the population figures requested.
Unit: Counts of State residents aged 0 through 24 years old.
Text: Number

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 Objective.

DATA SOURCES and DATA ISSUES

Census data, State projections, Vital Records and Health Statistics.

SIGNIFICANCE

Demographers predict that, by the end of the year 2000, one of every Americans will be African American, Asian/Pacific Islander, Middle Eastern, or Hispanic. Maternal and Child Health (MCH) professionals and policy makers must develop strategies and programs to address the needs of this growing segment of the population. Data reveals marked variations in morbidity and mortality by race and/or ethnicity. Reaching the goal of eliminating racial and ethnic disparities in health outcomes will necessitate identifying barriers to accessing family-centered, community-oriented, culturally-competent, and comprehensive care for all Americans. Improved collection and use of standardized demographic data will identify high-risk populations and monitor the effectiveness of health promotion and disease prevention interventions targeting these groups.

HEALTH STATUS INDICATOR 07 A & B

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

Live births to women (of all ages) enumerated by maternal age, race, and ethnicity.

GOAL

To enumerate total live births by maternal age, race, and ethnicity.

DEFINITION

Tables 07 A & B on Health Status Indicator Form 21 have cells for population subgroups of women aggregated by race and ethnicity. In each cell on the two tables enumerate the live births to the groups of women indicated.
Units: Count of State live births **Text:** Number

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective.

DATA SOURCES and DATA ISSUES

Vital Records.

SIGNIFICANCE

Younger or older mothers, and mothers belonging to racial and/or ethnicity minority groups may be at increased risk of adverse maternal outcomes. Identifying populations of women and their infants at risk, and implementing coordinated systems of pre-conceptual/perinatal services that assures receipt of risk-appropriate health care delivery is essential for healthy mothers and babies.

HEALTH STATUS INDICATOR 08 A & B

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

Deaths of infants and children aged 0 through 24 years enumerated by age subgroup, race, and ethnicity.

GOAL

To enumerate deaths of infants and children aged 0 through 24 years by age subgroup, race, and ethnicity.

DEFINITION

Tables 08 A & B on Health Status Indicator Form 21 have cells for population subgroups of children aged birth through 24 6ears aggregated by race and ethnicity. In each cell on the two tables enumerate the deaths in each sub-population.
Units: Count of State residents aged 0 through 24 years **Text:** Number

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective.

DATA SOURCES and DATA ISSUES

Vital Records.

SIGNIFICANCE

The greatest racial and ethnic disparities are seen in the following causes of death in infants: disorders relating to pre-term birth and unspecified low birth weight; respiratory distress syndrome; infections specific to the perinatal period; complications of pregnancy; and sudden infant death syndrome (SIDS). In some American Indian/Alaskan Native populations, the incidence of SIDS is three times that of white populations. African American adolescent males have the highest homicide rates in the country. Suicide among adolescent males in certain American Indian/Alaskan Native tribes has reached epidemic proportions. Identifying at-risk populations and implementing and monitoring prevention/intervention programs will play an integral role in eliminating disparities in mortality.

HEALTH STATUS INDICATOR 09 A & B

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race and ethnicity.

GOAL

To determine number/percentage of infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs.

DEFINITION

Tables 09 A & B on Health Status Indicator Form 21 have cells for populations of subgroups of infants and children aged 0 through 19 years in miscellaneous situations and/or State programs by race and ethnicity. Complete each of the cells in the tables with a percentage or count as appropriate.
Units: 100 or count **Text:** Percent, number or rate

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective.

DATA SOURCES and DATA ISSUES

AFDC/TANF, Medicaid, SCHIP, food stamp, and WIC files; State juvenile criminal justice and Board of Education files, Linked child health data files, Census data.

SIGNIFICANCE

Adverse health outcomes disproportionately affect infants and children in foster care or in single parent homes. In 1995, 14 million infants and children aged 0 through 18 years lived below the Federal poverty level; 59 percent of these families were single parent families. Leaving high school before graduation can lead to continued poverty and a higher incidence of juvenile arrests. Many infants and children eligible for Medicaid and other State programs are not enrolled. Data linkage of State program files with Medicaid may identify factors associated with State program eligibility without full participation.

HEALTH STATUS INDICATOR 10

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

Geographic living area for all resident children aged 0 through 19 years.

GOAL

To determine the number of children in the State aged 0 through 19 years by geographic living area.

DEFINITION

Table 10 on Health Status Indicator Form 21 includes cells for children in sub-population groups ranging from birth through 19 years of age. Complete the cells with the number of children in those age ranges living in metropolitan, urban, rural, or frontier geographic areas.
Units: Count **Text:** Number

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective.

DATA SOURCES and DATA ISSUES

Census data or State population projections.

SIGNIFICANCE

Child health outcomes and the patterns of utilization of health care services can differ greatly by geographic area of living. Poor families living in metropolitan and urban areas without a regular source of coordinated health services may over utilize emergency services or present as frequent walk-ins to community or public health clinics. Access to care for the poor and under-served in rural and frontier areas is largely dependent on the number of providers available and willing to see the uninsured or accept Medicaid or CHIP. Barriers to quality health care may also include inadequate transport to care and ill-equipped health care facilities.

HEALTH STATUS INDICATOR 11

Poverty levels for the total State population.

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

GOAL

To determine the percentage of the State population at 50 percent, 100 percent, and 200 percent of the federal poverty level.

DEFINITION

Table 11 on Health Status Indicator Form 21 has cells for the population at various poverty levels. Please complete the cells with the count of total population and the percentages of the population living at the 50 percent, 100 percent or 200 percent poverty level.
Units: Count for population and 100
Text: Number for population and percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 Objective.

DATA SOURCES and DATA ISSUES

Census data or State population projections.

SIGNIFICANCE

Eligibility for Medicaid, SCHIP and other State programs is in part determined by family income as a percentage of federally defined poverty levels. States have some discretion in determining which groups their Medicaid and SCHIP programs will cover and the financial criteria for Medicaid and SCHIP eligibility.

HEALTH STATUS INDICATOR 12

(Optional – May be reported every 5 years as part of the State's Needs Assessment)

Poverty levels for all children aged 0 through 19 years.

GOAL

To determine the percentage of all children aged 0 through 19 years at 50 percent, 100 percent, and 200 percent of the federal poverty level.

DEFINITION

Table 12 on Health Status Indicator Form 21 has cells for the State population aged 0 through 19 years and percentages of that population at various poverty levels. Please complete the cells with the count of the population in that age range and the percentages of that population living at the 50 percent, 100 percent or 200 percent poverty level.
Units: Count for population and 100
Text: Number for population and percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 Objective.

DATA SOURCES and DATA ISSUES

Census data or State population projections.

SIGNIFICANCE

Eligibility for Medicaid, SCHIP and other State programs is in part determined by family income as a percentage of federally defined poverty levels. States have some discretion in determining which groups their Medicaid and SCHIP programs will cover and the financial criteria for Medicaid and SCHIP eligibility.